## Administrative

## MEDICAL CLAIM FORM

## Claim Ref:

| | |
|---|---|
| **Patient Name** | **: AKASH RAJENDRAN RAJENDRAN** |
| **Card No** | **: I005-029-120621507-01** |
| **Policy Holder** | **: AKASH RAJENDRAN RAJENDRAN** |
| **Payer Name** | **: DUBAI INSURANCE COMPANY** |
| **TPA** | **: E CARE - Blue Network** |
| **Validity** | **: 21-03-2024** To **24-08-2024** |
| **Gender** | **: Male** |
| **Date Of Birth** | **: 28-Jun-2000** |
| **Patient's Tel No** | **: 0562958953** |

**Service Date** **:21-May-2024** **Network** : Green

**Health Provider** **:Irham Medical Center Arjan** **Direct Access SP - YES**

**Doctor's Name** **:Humaira**

**Co-Insurance :**

| CONSULTATION | LAB/RADIOLOGY | PHYSIO | PHARMACY | IP | MATERNITY | DENTAL |
|---|---|---|---|---|---|---|
| 10% max | NIL | NIL | NIL LIMIT | NIL | 10% | NA |

**Remarks** :

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

**Chief Complaints :** co fever bodyache headache 2 days oe enlarge tonsills chest is clear no added sounds **Duration:**

**Vitals:**Temp : 39.9 Bp :125 Pulse :120 Resp :18

**Clinical Findings:**

**Diagnosis:** R50.9 - Fever, unspecified,T07.XXXS - Unspecified multiple injuries, sequela,R52 - Pain, unspecified,J03.90 - Acute tonsillitis, unspecified, **Date of Onset** :21/00/2024

**Requested Investigations:** 9, Consultation GP,0195-107704-0801, CEFTRIAXONE-TABUK IV,96365, THER/PROPH/DIAG IV INF INIT,2190-106618-1001, PARAFUSIV I.V. 10MG/ML-(PARACETAMOL : 10 MG/ML) SOLUTION FOR INFUSION,0005-149902-1021, CLOFEN ,96372, THER/PROPH/DIAG INJ SC/IM,0125-122107-1022, DEXAMETHASONE SODIUM PHOSPHATE-(DEXAMETHASONE : 4 MG/ML) SOLUTION FOR INJECTION,0102-100104-1001, SODIUM CHLORIDE & DEXTROSE B.P.,85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,85652, SEDIMENTATION RATE RBC AUTOMATED,96374, THER/PROPH/DIAG INJ IV PUSH **Estimated Cost** :

**Prescriptions:** 0005-119803-1172 - (PREDNISOLONE : 20 MG) TABLETS,0005-107001-0052 - (CAFFEINE : 65 MG) (PARACETAMOL : 500 MG) CAPLETS,0248-187801-1171 - (DILOXANIDE FUROATE : 250 MG) (METRONIDAZOLE : 200 MG) TABLETS,0219-142902-1452 - (CEFIXIME : 400 MG) CAPSULES (HARD GELATIN), **Estimated Cost** :

**MEDICAL PRACTITIONER DECLARATION :**

I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

**PATIENT'S DECLARATION :**

I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

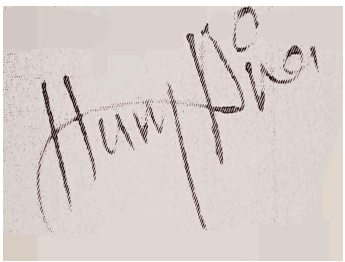
**Dr's Name** : Humaira

**Stamp :**

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

**Patient 's signature{Parent if minor}** :

**Date** : 21-May-2024

**Signature :** 

**Date** : 21-May-2024